

U N I F O R M E D S E R V I C E S

The TRICARE Prime Remote Handbook

For Active Duty
Service Members
and Their Families

Bringing
TRICARE
Closer to Home



**Important
Local Emergency
Phone Numbers:**

Emergency Help_____

Poison Control [1-800-222-1222](tel:1-800-222-1222)_____

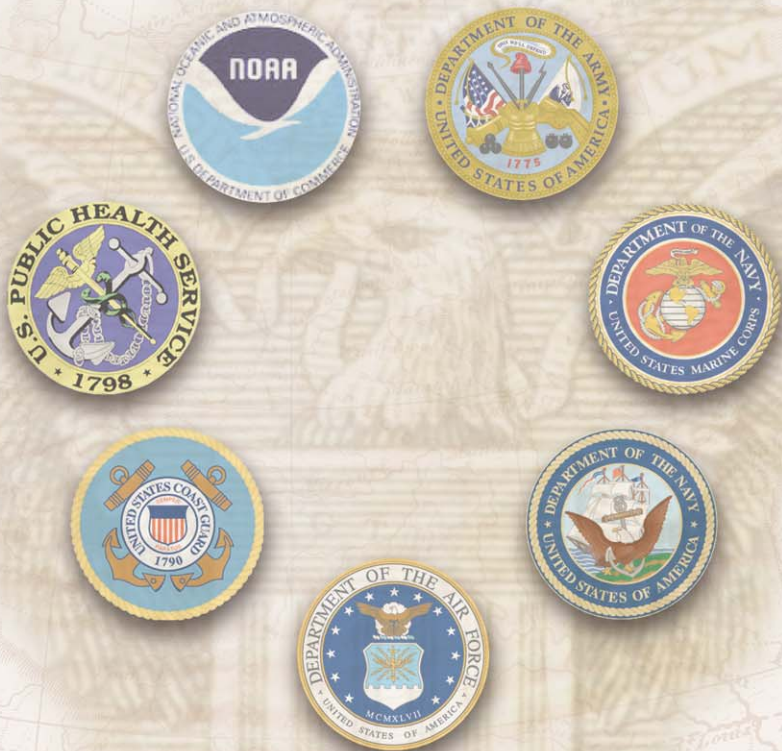
PCM or Provider _____

Health Care Finder_____

MTF _____

Dentist _____

Others_____



The TRICARE Prime Remote Handbook

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Bringing TRICARE Closer to Home



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Welcome to TRICARE Prime Remote

Bringing the Benefits

Closer to Home for You and Your Family

For Uniformed Services members and their families on remote assignments, getting to a Military Treatment Facility (MTF) for health care can be difficult. The alternative — going to a civilian health care provider — can be costly, especially if you have to pay out-of-pocket costs. To bring the benefits closer to home, TRICARE Prime Remote (TPR) extends TRICARE Prime benefits in a special way for those on remote assignments.

How It Works

The first step is to make sure all Defense Enrollment Eligibility Reporting System (DEERS) information for you and your family members is correct and up-to-date. You may update your DEERS record on the TRICARE Web site at www.tricare.osd.mil/deersaddress.

Then, if you and your family are eligible, and you enroll in TPR, you may seek health care from either a TRICARE Network Provider or, if none is readily available, you may go to a local civilian TRICARE-Authorized Provider. Both Network and Authorized Providers meet our rigorous standards for quality health care. The Network and participating Authorized Providers will submit your claims directly to TRICARE. That means no out-of-pocket expenses and no paperwork to file. All you have to do is show your military ID card, just like you would at an MTF, and your TPR enrollment card.

The Best Benefit of All

TRICARE Prime Remote provides you and your eligible family members with access to quality, convenient health care and all the other benefits of TRICARE Prime when you're stationed far from an MTF.

Eligibility and Enrollment

Active Duty Service Members

Am I Eligible?

To be eligible,

you must be an Active Duty Service Member (ADSM) in the U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, or National Oceanic and Atmospheric Administration (NOAA)

and

your DEERS information must be accurate and up-to-date (regardless of your status, if your DEERS information is incorrect or outdated, you may not be considered eligible to enroll)

and

you must live and work more than 50 miles (or approximately an hour's drive) from the closest Military Treatment Facility (MTF).

Do I Live and Work Far Enough from an MTF?

Check the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote and type in your residential and work ZIP codes to determine your eligibility. Or call the regional Beneficiary Information Line for your area — the numbers begin on page 51.

Are There Exceptions ("Waivers") to the Eligibility Requirements?

If you live or work less than 50 miles from an MTF, you will generally not be eligible for this program. But you may request a waiver for eligibility requirements if you believe geographic boundaries cause you to drive more than one (1) hour to access an MTF. Waiver requests must be directed through your unit commander to the Lead Agent in your area.

How Do I Enroll?

Enrollment for Active Duty Service Members is mandatory.

Complete and submit an enrollment application to your TRICARE Service Center or follow the guidance provided when you call your regional Beneficiary Information Line. The numbers for your area begin on page 51.





If you do not have an enrollment application form, you can call your regional Beneficiary Information Line (the numbers begin on page 51) or download one online at www.tricare.osd.mil/remote/forms.htm.

To find out the address of your TRICARE Service Center, call your regional Beneficiary Information Line — the numbers begin on page 51.

Go to page 16 "Getting Started" for information about enrolling in TPR.

How Do I Use TPR?

Check under your TRICARE region section (beginning on page 51) for the toll-free telephone number for the Health Care Finder — usually a Registered Nurse or an assistant who will locate the TRICARE-Authorized Providers near you. You can also use the online Provider Directory at www.tricare.osd.mil/provider_directory.html to find Network and Standard providers in your area. When you make your appointment, tell the provider's staff you have TRICARE coverage; then they should tell you what they will need from you to process your claim.

For More Information or Help

Call your regional Beneficiary Information Line — toll-free telephone numbers begin on page 51.

The online Web address is www.tricare.osd.mil/remote.

Active Duty Family Members

Am I Eligible?

To be eligible,

Active Duty Family Members must reside with their TPR-eligible sponsor. A TPR-eligible sponsor lives and works more than 50 miles (or approximately an hour's drive) from the closest Military Treatment Facility (MTF)

and

your DEERS information must be accurate and up-to-date (regardless of status, if your DEERS information is incorrect or outdated, you may not be considered eligible to enroll).

(Continued on next page)



Note: The DEERS address information listed for you and your sponsor is used to determine residency. This means, if your sponsor is PCSed to a remote assignment, and you move and live with your sponsor, then you are eligible for TPR, as long as your DEERS information is accurate.

How Can I Check my Eligibility?

Check the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote and type in your sponsor's residential and work ZIP codes to determine your sponsor's TPR eligibility. If your sponsor is TPR eligible, and you reside with your sponsor, you are TPR eligible, as long as your DEERS information is accurate. Or call the regional Beneficiary Information Line for your area — the numbers begin on page 51.

Are There Exceptions ("Waivers") to the Eligibility Requirements?

If you live less than 50 miles from an MTF, you will generally not be eligible for this program. However, check the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote and type in your sponsor's residential and work ZIP codes to determine your sponsor's TPR eligibility. If your sponsor is TPR eligible, and you reside with your sponsor, you are TPR eligible, as long as your DEERS information is accurate.

How Do I Enroll?

Your enrollment application form must be completed and submitted to your regional TRICARE Service Center or follow the guidance provided when you call your regional Beneficiary Information Line. The numbers for your area begin on page 51.

If you do not have an enrollment application form, you can call your regional Beneficiary Information Line (the numbers begin on page 51) or download one online at www.tricare.osd.mil/remote/forms.htm.

To find out the address of your TRICARE Service Center, call your regional Beneficiary Information Line — the numbers begin on page 51.

Go to page 16 "Getting Started" for information on enrolling in TPR.



How Do I Use TPR?

Check under your TRICARE region section (beginning on page 51) for the toll-free telephone number for the Health Care Finder — usually a Registered Nurse or an assistant who will locate the TRICARE-Authorized Providers near you. You can also use the online Provider Directory at www.tricare.osd.mil/provider_directory.html to find Network and Standard providers in your area. When you make your appointment, tell the provider's staff you have TRICARE coverage; then they should tell you what they will need from you to process your claim.

For More Information or Help

Call your regional Beneficiary Information Line — toll-free telephone numbers begin on page 51.

The online Web address is www.tricare.osd.mil/remote.

National Guard and Reserve Members

Am I Eligible?

To be eligible,

you must be a National Guard or Reserve member on active duty orders for more than 30 consecutive days

and

your DEERS information must be accurate and up-to-date (regardless of your status, if your DEERS information is incorrect or outdated, you may not be considered eligible to enroll)

and

while on orders, you must live and work more than 50 miles (or approximately an hour's drive) from the closest Military Treatment Facility (MTF).

Do I Live and Work Far Enough from an MTF?

Check the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote and type in your residential and work ZIP codes to determine your eligibility. Or call the regional Beneficiary Information Line for your area — the numbers begin on page 51.

Are There Exceptions ("Waivers") to the Eligibility Requirements?

If you live or work less than 50 miles from an MTF, you will generally not be eligible for this program. But you may request a waiver for eligibility requirements if you believe geographic boundaries cause you to drive more than one (1) hour to access an MTF. Waiver requests must be directed through your unit commander to the regional Lead Agent in your area.

How Do I Enroll?

You must complete and submit an enrollment application to your regional TRICARE Service Center or follow the guidance provided when you call your regional Beneficiary Information Line. The numbers for your area begin on page 51.

If you do not have an enrollment application form, you can call your regional Beneficiary Information Line (the numbers begin



on page 51) or download one from online at www.tricare.osd.mil/remote/forms.htm.

To find out the address of your TRICARE Service Center, call your regional Beneficiary Information Line — the numbers begin on page 51.

Go to page 16 "Getting Started" for information on enrolling in TPR.

How Do I Use TPR?

Check under your TRICARE region section (beginning on page 51) for the toll-free telephone number for the Health Care Finder — usually a Registered Nurse or an assistant who will locate the TRICARE-Authorized Providers near you. You can also use the online Provider Directory at www.tricare.osd.mil/provider_directory.html to find Network and Standard providers in your area. When you make your appointment, tell the provider's staff you have TRICARE coverage; then they should tell you what they will need from you to process your claim.

For More Information or Help

Call your regional Beneficiary Information Line — toll-free telephone numbers begin on page 51.

The online Web address is www.tricare.osd.mil/remote.

National Guard and Reserve Family Members

Am I Eligible?

To be eligible,

family members must reside with their TPR-eligible Guard or Reserve member while on active duty orders for 179 consecutive days or more. A TPR-eligible sponsor lives and works more than 50 miles (or approximately an hour's drive) from the closest Military Treatment Facility (MTF)

and

your DEERS information must be accurate and up-to-date (regardless of your status, if your DEERS information is incorrect or outdated, you may not be considered eligible to enroll).

Note: The DEERS address information listed for you and your sponsor is used to determine residency. Reservists usually do not receive PCS orders when ordered to active duty, and you are usually not eligible to move with them. Therefore, you and your sponsor's residence may remain the same while your sponsor is on active duty. As long as your address information listed in DEERS is the same as your sponsor's, and your sponsor is on active duty for 179 consecutive days or more, then you are eligible for TPR.

How Can I Check my Eligibility?

Check the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote and type in your sponsor's residential and work ZIP codes to determine your sponsor's TPR eligibility. If your sponsor is TPR-eligible, and you reside with your sponsor, you are TPR eligible, as long as your DEERS information is accurate. Or call the regional Beneficiary Information Line for your area — the numbers begin on page 51.

Are There Exceptions ("Waivers") to the Eligibility Requirements?

If you live or work less than 50 miles from an MTF, you will generally not be eligible for this program. However, check the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote and type in your sponsor's residential and work ZIP codes to determine your sponsor's TPR eligibility. If your sponsor is TPR



eligible, and you reside with your sponsor, you are TPR eligible, as long as your DEERS information is accurate.

How Do I Enroll?

National Guard and Reserve members may, on their enrollment application form, add eligible family members

or follow the guidance provided when you call your regional Beneficiary Information Line. The numbers begin on page 51.

If you do not have an enrollment application form, you can call your regional Beneficiary Information Line (the numbers begin on page 51) or download one online at www.tricare.osd.mil/remote/forms.htm.

To find out the address of your TRICARE Service Center, call your regional Beneficiary Information Line — the numbers begin on page 51.

Go to page 16 "Getting Started" for information on enrolling in TPR.

How Do I Use TPR?

Check under your TRICARE region section (beginning on page 51) for the toll-free telephone number for the Health Care Finder — usually a Registered Nurse or an assistant who will locate the TRICARE-Authorized Providers near you. You can also use the online Provider Directory at www.tricare.osd.mil/provider_directory.html to find Network and Standard providers in your area. When you make your appointment, tell the provider's staff you have TRICARE coverage; then they should tell you what they will need from you to process your claim.

For More Information or Help

Call your regional Beneficiary Information Line — toll-free telephone numbers begin on page 51.

The online Web address is www.tricare.osd.mil/remote.



Getting Started

First you need to decide if TRICARE Prime Remote (TPR) is for your family. Active Duty Members eligible for TPR must enroll. But, your family members have a choice in deciding if TPR is the right TRICARE option for them. As family members, you have three TRICARE plans to choose from: TRICARE Standard, TRICARE Extra, and TRICARE Prime. For more information about these options visit the TRICARE Web site at www.tricare.osd.mil or call your regional Beneficiary Information Line — the numbers begin on page 51.

Shortly after enrolling in TPR, you should receive a welcome letter in the mail that includes an enrollment card. This card has your personal information on it along with key phone numbers and other information about your TPR benefits. Take this card to your medical appointments and show it with your military ID as proof of TPR enrollment.

Next Step — Understanding the Different Kinds of Providers

TRICARE Network and Non-Network Providers

There are two kinds of TRICARE health care providers — one is a Network Provider, and the other is a Non-Network Provider. The differences are discussed below.

Network

If you live far from a Military Treatment Facility (MTF), the Department of Defense and your regional TRICARE contractor may have established a civilian TRICARE network of providers in your area. (Definition for Network Provider is on page 18.)

If this is the case, you must choose a Primary Care Manager (PCM) from the provider directory in your area at the time of enrollment. If you do not have a provider directory, please call the regional Beneficiary Information Line to obtain one (the numbers begin on page 51) or to ask for help in finding a PCM. You may also use the Provider Directory online at www.tricare.osd.mil/provider_directory.html.

You can get the most up-to-date information on network provider availability in your area by calling your regional Beneficiary Information Line — the numbers begin on page 51.

If you do not choose a PCM at the time of enrollment, one will be assigned to you. You may request a change in PCM at any time if more than one provider is available in your area. Your network PCM is who you go to for primary care.

If your network PCM decides you need specialty care, your network PCM will obtain pre-authorization from the regional Health Care Finder—the numbers begin on page 51. The pre-authorization is needed before you see a specialty care provider.

Non-Network

Many of you will live in an area where there is no TRICARE network. In this circumstance, for primary care and pre-authorized specialty care, you will be free to use any TRICARE-Authorized Provider in the local area. To find an TRICARE-Authorized

Provider in your area, call your regional Beneficiary Information Line — the numbers begin on page 51, or call your regional Health Care Finder (phone numbers begin on page 51). A Non-Network Provider and an TRICARE-Authorized Provider are defined below.

TRICARE-Authorized and Non-Authorized Providers Defined

To help you understand the different types of providers you may encounter, here are some definitions.

TRICARE-Authorized Providers

TRICARE-Authorized Provider is a licensed medical provider who is approved by TRICARE, and is either network or non-network.

TRICARE Network Providers

This kind of health care provider agrees to provide services or supplies to TRICARE beneficiaries following the TRICARE requirements at a special, negotiated rate.

The TRICARE network includes doctors, hospitals, pharmacies, and other providers who meet special credentialing standards. This means the quality of care is up to TRICARE standards. These providers will handle claims and other paperwork for you. To find out if there is a Network Provider in your area, you can call the toll-free numbers listed for your region beginning on page 51.

TRICARE Non-Network Providers

Participating TRICARE Providers are providers who are certified to meet TRICARE's standards and agree to accept TRICARE reimbursement rates as payment in full (as a TPR enrollee you do not have to pay them — TRICARE will pay them). They submit your claims for the services you used. These providers may choose whether to participate with TRICARE on a claim-by-claim basis.

Non-Participating TRICARE Providers are providers who are certified to meet TRICARE's standards but do not agree to accept the TRICARE reimbursement rates as payment in full for their services. This means you may be billed for more than the TRICARE reimbursement rates. The law limits payment to these providers to 15 percent above the TRICARE allowable charges. If you pay these providers up front for authorized care, TRICARE



will reimburse you for covered benefits when you submit a claim for payment.

To locate a TRICARE-Authorized Provider, you can use the online Provider Directory at www.tricare.osd.mil/provider_directory.html or call your regional Health Care Finder (phone numbers begin on page 51).

To get claim forms, call your regional Beneficiary Information Line (the numbers begin on page 51) or download one online at www.tricare.osd.mil/remote/forms.htm.

Non-Authorized TRICARE Providers

These providers are not TRICARE-certified (examples include some physicians and acupuncturists). As an **Active Duty Service Member**, you may be responsible for the bill, in full, for care from these providers unless you have obtained pre-approval from your Service Point of Contact (SPOC). For USPHS and NOAA members, this would be the Beneficiary Medical Program SPOC. As **Active Duty Family Members**, you will be responsible for the bill in full.

Note: Continuity of care is an important element of quality medical care. Continuing to see the same PCM or provider ensures that you have quality medical care.



Getting Care

Emergency Medical Care

If you need emergency care, go to the nearest military or civilian emergency room (or urgent care center) or call 911. It is important that you know the local emergency phone numbers in your area. Take a few minutes to look them up and write them down here or on the inside front cover of this book:

Emergency Assistance: _____

Ambulance: _____

Poison Control: **1-800-222-1222** _____

Emergency care is generally defined as the sudden and unexpected start of a medical condition, or the acute (or intense) worsening of an ongoing (chronic) condition that is threatening to life, limb, or sight, that needs treatment to relieve suffering from painful symptoms. The bottom line is if you think it is serious, please go to the nearest emergency room.

You do not need to call your provider before receiving emergency medical care. However, you must contact your Primary Care Manager (PCM) (if one is assigned to you), your regional Health Care Finder (HCF) or, if you are active duty, your Service Point of Contact (SPOC) as soon as possible after getting emergency treatment or being admitted to a hospital. They can help with transferring you to a military hospital if necessary. They can also make sure that your medical bills are sent to the proper place for payment.

Your regional HCF phone numbers begin on page 51.

DoD and Coast Guard members may contact their SPOC at the Military Medical Support Office (MMSO) at 1-888-MHS-MMSO (1-888-647-6676). **Coast Guard members** may also call 1-800-9HBA-HBA (1-800-942-2422).

USPHS and NOAA members may call their Beneficiary Medical Program SPOC at 1-800-368-2777 option 2.

Urgent Care

Urgent care is generally defined as a non-emergency illness or injury for which you need medically necessary treatment. But, it will not result in disability or death if it is not treated immediately. This kind of illness or injury *does* require professional attention, and should be treated within 24 hours to avoid further complications. Some examples of such illnesses and injuries include flu, earache, urinary tract infection, vomiting and diarrhea, sprained ankle, and minor sports injuries.

Members with a Primary Care Manager

If you live in a location where TRICARE has Network Providers, you must enroll to a network Primary Care Manager (PCM). You must contact your PCM whenever you require non-emergency care. The PCM will either provide the needed care or refer you to a specialist.

If you would like to change your PCM, please contact your regional TRICARE contractor for assistance in identifying another provider. The regional Beneficiary Information Line phone numbers begin on page 51.

Members without A Primary Care Manager

If you live in an area where TRICARE does not have a provider network, you will not have a PCM. However, you must use an TRICARE-Authorized Provider (a licensed medical provider who is approved by TRICARE) for primary care.

If you are not sure if a provider is TRICARE-authorized, please call your regional Health Care Finder (HCF) (numbers begin on page 51). There is also a listing of TRICARE-Authorized Providers available on the TRICARE Web site at www.tricare.osd.mil/provider_directory.html.

Routine Medical Care

Routine medical care is defined as visits to your PCM or provider for treatment of symptomatic, chronic, or acute illnesses or diseases.

Routine care also includes preventive care measures such as routine physicals, common immunizations, well-baby care, routine hearing exams, and screenings such as mammograms,



Pap smears, and prostate exams, and other visits to keep you healthy, identify health problems in the early stages, and help you maintain and improve your health.

Your PCM or provider will take care of most of your routine health care. Call your PCM or provider's office when you want to make a routine appointment. Routine care from your PCM or provider does not require any type of approval or pre-authorization.

Pre-authorization is needed for routine pregnancy (maternity) care, physical therapy, mental health services*, family counseling, and smoking cessation programs. Call your regional Health Care Finder (HCF) for authorization prior to obtaining medical care and treatment that fall into this category, even if this care is provided by your PCM. HCF phone numbers begin on page 51.

***Note:** Family members can receive up to eight mental health outpatient (office) visits before authorization is needed. Inpatient care always requires pre-authorization.

Specialty Care

Specialty Care is defined as care your Primary Care Manager (PCM) or provider is not able to provide.

Active Duty Service Members

If your Primary Care Manager (PCM) thinks that you need to see a specialist, your PCM must obtain a pre-authorization from the Health Care Finder (HCF) before you obtain the specialty care. If you do not have a PCM, you or your provider must contact the HCF for pre-authorization to see the specialist. Your HCF will call or fax you, your provider, or your PCM promptly regarding all requests for specialty care authorization.

All specialty care requests for TRICARE Prime Remote Active Duty Service Members must be referred by the HCF to a Service Point of Contact (SPOC) — a designated military health care specialist. The SPOC will review all requests for specialty care to determine if your health care requires a "Fitness for Duty" determination.

For **DoD and Coast Guard members**, your SPOC can be contacted at the Military Medical Support Office (MMSO) at 1-888-MHS-MMSO (*1-888-647-6676*). Note: **Coast Guard members** may also call 1-800-9HBA-HBA (*1-800-942-2422*).

For **USPHS and NOAA members**, call the Beneficiary Medical Program SPOC at 1-800-368-2777 option 2.

If the SPOC thinks that your condition may change your fitness for military duty or requires a medical board, you will be referred to the closest Military Treatment Facility (MTF) with the ability to provide the care and make a duty determination.

If the SPOC thinks there is no impact on your fitness for duty, you can be referred to a civilian specialist for the care. As a rule, maternity care will be provided locally. The SPOC will provide a reply to the HCF within two (2) working days of a request, or sooner for an urgent problem.

Your commander may also request a military medical evaluation at his or her discretion.

You may always choose to obtain your specialty care in an MTF if that is your preference **and** your commander concurs. Let the HCF know this when calling for a pre-authorization.

You cannot refer yourself to a military or civilian specialist. If you seek non-emergency care from other sources without first contacting your PCM, you may be held financially responsible for the entire bill for those health care services.

Family Members

If your Primary Care Manager (PCM) thinks that you need to see a specialist, your PCM must obtain a pre-authorization from the Health Care Finder (HCF) before you obtain the specialty care. The HCF will assist in (1) obtaining pre-authorization, and (2) choosing a network specialist. If you do not have a PCM, you or your provider must contact the HCF for authorization to see the specialist.

Pre-authorization is needed for all of the following:

- specialty care
- non-emergency hospital admissions
- medical/surgical procedures in a provider's office
- pregnancy (maternity) care
- physical therapy
- mental health/psychiatric services*
- family counseling programs

***Note:** Family members can receive up to eight mental health outpatient (office) visits before authorization is needed. Inpatient care always requires pre-authorization.

If you seek non-emergency care from other sources without first contacting your PCM or HCF, you will be held financially responsible for those health care services. If you do this, you will be getting care under the **Point-of-Service** option, which has higher costs.

Reimbursement of Certain Travel Expenses

As a TPR-eligible family member enrolled within the 48 contiguous states, you may be entitled to reimbursement of certain travel expenses if you are referred to specialty care more than 100 miles from your Primary Care Manager's or provider's location. If you think you might be eligible, contact your regional Lead Agent (phone numbers begin on page 51) to verify your eligibility for the travel benefit.

Outside the 48 contiguous states there is a different travel entitlement. Contact your unit's administration office for more information.

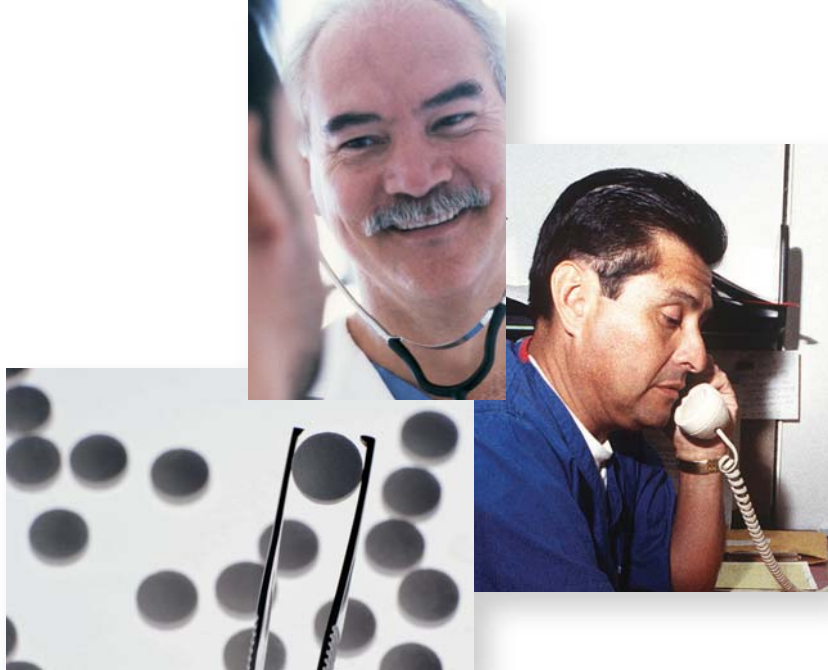
Department of Veterans Affairs Health Care Facilities

Many Department of Veterans Affairs (VA) Health Care Facilities participate in regional TRICARE networks. VA facilities may or may not provide primary care for Active Duty Service Members or their family members. But many VA facilities provide specialty care.

If you need care, and a participating VA Health Care Facility near you can provide that care (within the TRICARE access standards), you may be asked to use that VA facility. In some cases, the Army, Navy, Air Force or Coast Guard may have separate DoD-VA agreements established with the VA.

If the local VA is not part of the TRICARE network, but has a sharing agreement with one of the Uniformed Services, an active duty service member may go to that VA facility — but the claim will be processed through special channels and not through the TRICARE claims process.





Prescription Drugs

For the times when your Primary Care Manager (PCM) or provider prescribes medications for you, there are four (4) ways to get your prescription(s) filled.

1. National Mail Order Pharmacy (NMOP). The DoD has a mail order program that lets you order and receive your medications directly at your home. **There is no cost for this service for Active Duty Service Members, but family members pay a small copay.**

This option is especially useful for people who have long-term drug prescriptions. If you need to start your medication within a day or two, do not use the NMOP, since it takes time for the NMOP to receive, fill, and send your prescription. In this case, you can ask your provider for short-term and long-term prescriptions. Fill the short-term prescription right away and start taking your medication. In the meantime, send in your long-term prescription to NMOP.

Additional information on NMOP is also available on the TRICARE Web site at www.tricare.osd.mil/pharmacy/nmop.cfm or you can call NMOP customer service at 1-800-903-4680.

2. Network Pharmacy. These pharmacies will fill your prescription and file the TRICARE claim for you. **Active Duty Service Members do not have to pay a copay up front. Active Duty Family Members pay a copay up front.** Simply show your TRICARE Prime Remote enrollment card and military ID card when presenting your prescription to the network pharmacist.

To find a Network Pharmacy near you call your regional Beneficiary Information Line (numbers begin on page 51), call 1-877-DOD-MEDS (1-877-363-6337), or go to the TRICARE Web site at www.tricare.osd.mil/provider_directory.html or www.tricare.osd.mil/pharmacy.

3. Military Treatment Facility. You can always have your prescription filled at a Military Treatment Facility (MTF). You should phone ahead, however, to make sure that the medication you need is stocked by the MTF (some of our medical facilities have limited drug availability in their pharmacies). **MTF prescriptions are at no cost to Active Duty Service Members or Family Members.** To locate the nearest MTF, call your regional Beneficiary Information Line (numbers begin on page 51) or go the TRICARE Web site at www.tricare.osd.mil/regionalinfo.

4. Other Pharmacies*. If there is no Network Pharmacy nearby, you may use any pharmacy in the area. **When** you get prescriptions filled by a Non-Network Pharmacy, you may be expected to pay for the prescriptions at the time of service. In that case, you must file a claim with documentation that you've paid the bill in full so you can be reimbursed by TRICARE. Active Duty Service Members will be fully reimbursed. Active Duty Family Members will be responsible for cost shares and other fees.

***Note:** Use this option only when there is **no Network Pharmacy available nearby**. Otherwise, you will incur higher costs. To find Network Pharmacies or for additional information call 1-877-DOD-MEDS (1-877-363-6337) or go online to www.tricare.osd.mil/pharmacy.



Mental Health

Active Duty Service Members

The TRICARE program covers your mental health care needs. Active Duty Service Members must get pre-authorization from the Health Care Finder (HCF) before seeking care from a civilian mental health specialist (numbers for regional HCFs begin on page 51). We do not want to discourage you from seeing a mental health specialist, but we want to make sure that your condition does not adversely affect your health and your ability to perform worldwide duty.

Active Duty Family Members

Family members can receive up to eight outpatient mental health visits before authorization becomes necessary. Inpatient care always requires pre-authorization. For pre-authorization, contact your regional Health Care Finder — numbers begin on page 51.



Dental Care

All Active Duty Service Members

Active Duty Service Members should note that all dental pre-authorization requests, claims, and other inquiries should be handled through the Service-specific numbers below and not TRICARE.

DoD members: Call your Service Point of Contact (SPOC) at the Military Medical Support Office (MMSO) at 1-888-MHS-MMSO (*1-888-647-6676*).

USPHS and NOAA members: Call your Beneficiary Medical Program SPOC at 1-800-368-2777 option 2.

Coast Guard members: Call 1-800-9HBA-HBA (*1-800-942-2422*).

DoD Active Duty Service Members

Dental care for the remotely stationed DoD Active Duty Service Member (ADSM) is provided under the provisions of the Tri-Service Remote Dental Program (RDP) administered by MMSO. If you are a DoD ADSM enrolled in TRICARE Prime Remote for medical coverage, you are automatically eligible for RDP. There is no preferred dental network for RDP, so you may choose any licensed dentist in your area. MMSO does not maintain a list of participating dentists.

Information on this benefit and program can be obtained from the MMSO Web site at <http://navymedicine.med.navy.mil/mmso/>.

Emergency dental care. Emergency care does not need pre-authorization. This includes any treatment necessary to relieve pain, treat infection, or control hemorrhage to include: temporary or permanent fillings, root canal treatment, or other immediate required treatment. Crowns, bridges, and dentures are not considered emergency care and require pre-authorization (*see below*).

Routine dental care. You are authorized to get routine dental treatment from any licensed dentist without first getting pre-authorization, as long as the treatment meets all of the following requirements:

1. Routine care includes diagnostic (exams and X-rays), preventive (cleanings), routine restorations (amalgam or composite fillings), and single tooth extractions.
2. Only procedures that total less than \$500 per treatment appointment are considered routine. For example, two or three fillings or extraction of one or two teeth is a covered benefit as long as the total cost is less than \$500 for that appointment.

If the total cost of the fillings or extractions is more than \$500 (such as most wisdom tooth extractions) then you must get pre-authorization.

Note: Any non-emergency surgical procedure is considered specialty care, and so needs to have pre-authorization, regardless of cost.

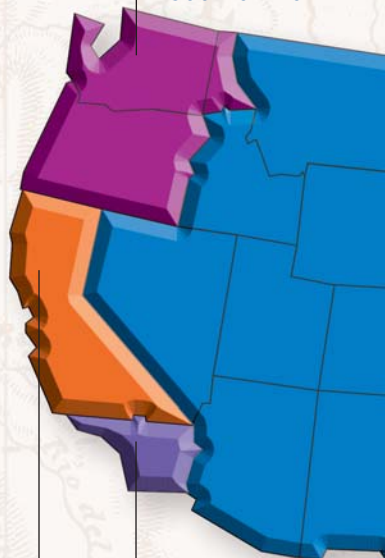
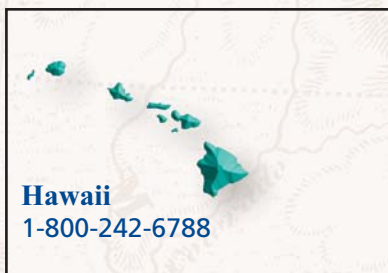
All prosthodontic procedures, including single unit crowns, are not routine care, regardless of costs.

3. Treatment plans that exceed a total of \$1,500 per calendar year require pre-authorization, even if each of the treatments is less than \$500.

Specialty Dental Care. Extensive routine care, specialty care (prosthodontics, periodontics, multiple extractions or other oral surgery) and other specialty treatment not considered emergency or routine care require pre-authorization. Starting specialty care without pre-authorization may result in the Active Duty Service Member being responsible for paying the full bill for the treatment.

TRICARE Prime Remote (TPR) Regions and Phone Numbers

**Region 11
Northwest
(including Alaska)**
1-800-404-2042



**Region 9
Southern
California**
1-800-242-6788

**Region 10
Golden Gate**
1-800-242-6788

Region 7/8
Central
1-888-874-9378
or
1-877-554-2224 (TPR)

Region 5
Heartland
1-800-941-4501

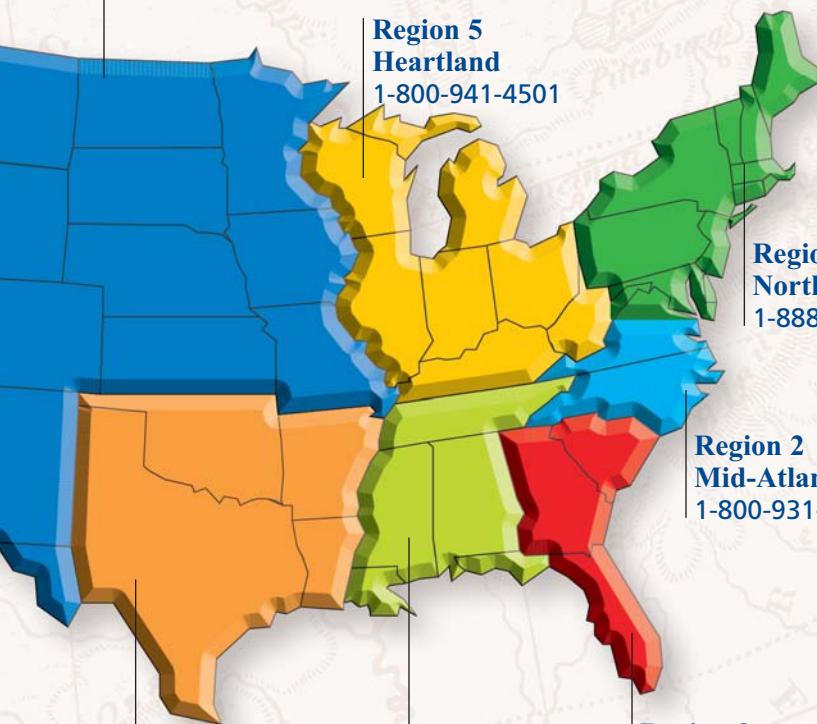
Region 1
Northeast
1-888-999-5195

Region 2
Mid-Atlantic
1-800-931-9501

Region 6
Southwest
1-800-406-2832

Region 4
Gulf South
1-800-444-5445
or
1-877-249-9179 (TPR)

Region 3
Southeast
1-800-444-5445
or
1-877-249-9179 (TPR)



What is not covered:

1. Civilian orthodontic care (braces).
2. Cosmetic treatment, which includes bleaching, bonding, porcelain veneers, all-porcelain crowns, and porcelain inlays/onlays. (Exceptions may be made in certain cases, but specific justification must be made in the request for pre-authorization.)
3. Supplies for home use (toothbrushes, mouth rinses, etc.), even if recommended or prescribed by a health care professional.
4. Elective procedures such as elective replacement of missing teeth, replacement of serviceable crowns, bridges and other types of prostheses, and implants.
5. Sealants and fluoride treatment for adult patients (Exceptions may be made for a specific decay control program but pre-authorization is required).
6. Separate charges for local anesthesia, infection control, bases, liners, indirect pulp cap, etc., are considered an integral part of the parent (original and main) procedure and will not be paid as an additional fee.
7. Nitrous oxide analgesia, intravenous sedation, and general anesthesia are not covered in conjunction with routine operative or preventive procedures. (Exceptions may be made in unusual circumstances but pre-authorization is required.)

What requires pre-authorization:

1. Surgical extractions of third molars (wisdom teeth).
2. All crowns, bridges, complete and partial dentures, and other prosthodontic procedures, including all gold and porcelain/metal restorations.
3. Special surgery care that includes non-emergency periodontal and endodontic surgery.
4. Nitrous oxide analgesia, intravenous sedation, and general anesthesia are covered in conjunction with surgical procedures but must be preauthorized unless the surgical procedure is for treatment of an emergent condition.
5. Any procedure that does not fit the definition of emergency or routine dental care as previously described.

Refer to the MMSO Web site for more specific information on dental benefits, procedures, and forms for pre-authorization of dental care, as well as information on claims filing, processing, and payment. The MMSO Web site address is <http://navymedicine.med.navy.mil/mmso>.

You may also contact an MMSO customer service representative at 1-888-MHS-MMSO (1-888-647-6676) for general information or questions pertaining to pre-authorization or claims processing, or to check on the status of a dental claim.

Coast Guard Active Duty Service Members

Coast Guard members should continue using the existing MLC-based remote dental system by calling 1-800-9HBA-HBA (1-800-942-2422).

United States Public Health Service (USPHS) and National Oceanic and Atmospheric Administration (NOAA)

USPHS and NOAA members should contact the Beneficiary Medical Program office at 1-800-368-2777 Option 2.

Active Duty Family Members

Active Duty Family Members may join the TRICARE Dental Program (TDP), a voluntary enrollment, premium funded plan, which is administered separately from the TRICARE Prime Remote program. It is available in both the CONUS (Continental United States — the 50 United States, District of Columbia, Canada, Guam, Puerto Rico, and the U.S. Virgin Islands) and the OCONUS (Outside the Continental United States) service areas.

You may choose any licensed dentist in your area, but if you visit a participating dentist all the paperwork will be filed for you and it may be less expensive. To learn more about the TDP, you can either call 1-800-866-8499, go to the United Concordia Companies, Inc. (United Concordia) dental plan Web site at www.ucci.com, or talk to your Beneficiary Counseling and Assistance Coordinator (BCAC) at your regional Lead Agent (numbers begin on page 51)

National Guard and Reserve Members and their Family Members

National Guard and Reserve members and their family members are eligible for the TRICARE Dental Program (TDP), a voluntary enrollment, premium funded plan, which is administered separately from the TRICARE Prime Remote program. It is available in both the CONUS (Continental United States — the 50 United States, District of Columbia, Canada, Guam, Puerto Rico, and the U.S. Virgin Islands) and the OCONUS (Outside the Continental United States) service areas.

You may choose any licensed dentist in your area, but if you visit a participating dentist all the paperwork will be filed for you and it may be less expensive. To learn more about the TDP, you can either call 1-800-866-8499, go to the United Concordia Companies, Inc. (United Concordia) dental plan Web site at www.ucci.com, or talk to your Beneficiary Counseling and Assistance Coordinator (BCAC) at your Regional Lead Agent. The BCAC phone directory can be found at www.tricare.osd.mil/tricare/beneficiary/BCACDirectory.htm. Or call your Regional Beneficiary Information Line—numbers begin on page 51.

Health Care While Away From Home

You are covered for emergency and urgent health care while on the road — whether on personal travel or while en route to a new assignment.

Exceptions:

Active Duty Service Members on TAD/TDY must contact the nearest Military Treatment Facility (MTF) or their Service Point of Contact (SPOC) for care.

Active Duty Service Members' routine medical and dental care should be (1) taken care of before they leave, (2) delayed until they return and can see their Primary Care Manager (PCM) or provider, or (3) delayed until they arrive at their new assignment.



To understand how emergency and urgent care are defined, please read the "Health Care Terms You Should Know" section on page 48. You may want to refer to your self-care manual or call the toll-free Health Care Information Line to discuss your condition with a Registered Nurse (numbers begin on page 51).

If you are unsure about receiving care while away from your PCM or provider, and would like to check with someone for additional information, please call your

- 1) PCM or provider
- 2) Health Care Finder (HCF)
- 3) SPOC
 - a) DoD and Coast Guard members call
1-888-MHS-MMSO (*1-888-647-6676*)

Note: Coast Guard members may also call
1-800-9HBA-HBA (*1-800-942-2422*)

- b) USPHS and NOAA call 1-800-368-2777 Option 2.

In an emergency, help is available 24 hours a day, 7 days a week from both the HCF and SPOC. HCF telephone numbers begin on page 51.



Maintaining Medical Records

TPR-eligible sponsors should check with their commanding officers to find out where their medical records and their family's medical records should be kept.

Filing Your Own Medical Claims

In most cases, your Primary Care Manager (PCM) or provider will submit the medical claim on your behalf. There may be times, however, when you will need to pay for the care and then file the claims yourself to receive payment. In such cases, you will be fully reimbursed for your TRICARE-covered medical out-of-pocket expenses.

To receive reimbursement for a paid health care expense, send a completed DD Form 2642, *Patient's Request for Medical Payment*, along with an itemized medical bill and evidence that you've paid the bill in full to your regional claims processor. Find listings for the different claim office addresses on page 51 or go to the TRICARE Web site at www.tricare.osd.mil/claims.

If you do not have a claim form, you can either call your regional Beneficiary Information Line (the numbers begin on page 51), or you can print a form from the TRICARE Web site at www.tricare.osd.mil/claims.

After a claim has been submitted, you will receive an Explanation of Benefits (EOB) in the mail. The EOB is a computer-generated statement that explains how much was billed for your care, what was paid to you (if you filed the claim) or to the provider (if the provider filed the claim), and the maximum amount the provider can be reimbursed.

Inquiries and Appeals

Inquiries

Sometimes you may want to find out about your regional TRICARE contractor's operations since they affect your claim and the health care you receive. You always have the right to ask for more information about anything having to do with your health care; this is called an "inquiry." Call your regional contractor for instructions about making an inquiry. Their Claims Questions phone numbers begin on page 51.

Appeals

Active Duty Service Members

In the event a request for specialty care is not approved, you will be informed of the decision. You may appeal this decision. An appeal means you can have that decision looked at again. Your Service Point of Contact (SPOC) will tell you how to get an appeal, if you think you need one.

You or your PCM or provider may send additional written information or documentation to support your request for specialty care to the SPOC. See below for information on how to contact your SPOC.

If your request is denied on appeal, you may appeal one more time to the Surgeon General or senior medical officer of your respective Service. The address for this second appeal will be provided to you following a denial of the first appeal.

DoD Active Duty Service Members. The SPOCs for the Army, Navy, Air Force, and Marine Corps members are based at the Military Medical Support Office (MMSO) at Great Lakes Naval Station, Illinois. Your PCM or provider and the Health Care Finder (HCF) will coordinate your specialty care with the SPOC at MMSO. If you have questions you would like to direct to your SPOC, you may call 1-888-MHS-MMSO (1-888-647-6676). Written inquiries should be addressed to the following:

(insert branch of service) Point of Contact
Military Medical Support Office (MMSO)
PO Box 886999
Great Lakes, IL 60088-6999



USPHS and NOAA members should contact the Beneficiary Medical Program SPOC at 1-800-368-2777 option 2.

Coast Guard personnel should call 1-800-9HBA-HBA (1-800-942-2422).

Active Duty Family Members

Family members who want to submit an appeal should see the instructions on the back of their Explanations of Benefits (EOB). They receive an EOB after their submitted claim is processed or paid. For additional help, call the regional Beneficiary Information Line (the numbers begin on page 51).

Costs

Health Care Costs

Active Duty Service Members

There are no costs for Active Duty Service Members.

Active Duty Family Members

Family members who are enrolled in TRICARE Prime Remote do not pay any annual deductible or copays. Family members covered by the Program for Persons with Disabilities (PFPWD) will have PFPWD copays.

If you choose to see a specialist on your own or have yourself admitted to a hospital, you will have to pay higher costs. This is care given by a specialist who was not referred by your PCM and who was not authorized by your Health Care Finder. This option is called Point of Service.

To avoid paying for this expensive option, ask your PCM or HCF for pre-authorization. Check under your TRICARE region section (starting on page 51) for the toll-free telephone number for your HCF.

Hospitalization Costs

Active Duty Service Members

All Active Duty Service Members (ADSMs) pay a small daily fee for inpatient care at Military Treatment Facilities. ADSMs do not pay any other charges for authorized care.

Active Duty Family Members

Family members do not pay any inpatient "per day" charges in civilian or Military Treatment Facilities.

Pharmacy Costs

Active Duty Service Members

There are no pharmacy costs for Active Duty Service Members at Military Treatment Facilities, the National Mail Order Pharmacy, Network Pharmacies, and Non-Network Pharmacies. You will have to submit a claim for reimbursement if using a Non-Network Pharmacy.

Active Duty Family Members

There is no charge for prescriptions filled at Military Treatment Facilities. If you use the National Mail Order Pharmacy or Network Pharmacies, you will be charged a small copay. If you use a Non-Network Pharmacy to fill your prescription, you may have to pay up front and then submit a claim with documentation (a receipt) for reimbursement of TRICARE-covered costs.

If you do not have a claim form, you can either call the regional Beneficiary Information Line (the numbers begin on page 51) or print a form from the TRICARE Web site at www.tricare.osd.mil/claims.

Frequently Asked Questions

What is a SPOC?

SPOC is shorthand for "Service Point of Contact." A SPOC is responsible for reviewing a Service Member's specialty and inpatient medical care authorizations for potential "fitness for duty" medical conditions. SPOCs are members of the Armed Forces (Army, Navy, Air Force, Marines, and Coast Guard) stationed at the Military Medical Support Office (MMSO), Great Lakes, Illinois. USPHS and NOAA SPOCs are members of the Beneficiary Medical Program Office.

All SPOCs are trained to make determinations about whether your medical condition requires a military medical evaluation, or whether you may obtain your specialty care from a civilian provider. The SPOC makes this determination based upon current Service-specific guidelines and clinical standards. The SPOC ensures your medical care related to your "fitness for duty" condition is covered.

For further information:

DoD and Coast Guard members can contact their SPOC at MMSO at 1-888-MHS-MMSO (1-888-647-6676) or visit their Web site at navymedicine.med.navy.mil/mmso.

Note: Coast Guard members may also call 1-800-9HBA-HBA (1-800-942-2422).

For USPHS and NOAA members, call the Beneficiary Medical Program SPOC at 1-800-368-2777 option 2.

What Should I Do When I And/Or My Family Move To A New Location?

First, make sure that you update your DEERS record with the new information. Then, within 30 days of arrival at your new location, call the regional toll-free number or visit the nearest TRICARE Service Center or Military Treatment Facility to enroll. To enroll, you will need to fill out a new enrollment form and select a new PCM, if available.

Call your regional Beneficiary Information Line (the numbers begin on page 51) when you have questions about the TRICARE Prime Remote program or go to the TRICARE Web site at www.tricare.osd.mil/remote.

Can I Use a Military Hospital or Clinic if I Prefer?

Yes! TRICARE Prime Remote is intended to increase your choices and improve access to care. If you prefer, you may enroll at a Military Treatment Facility even if it's farther than 50 miles or approximately an hour's drive away.

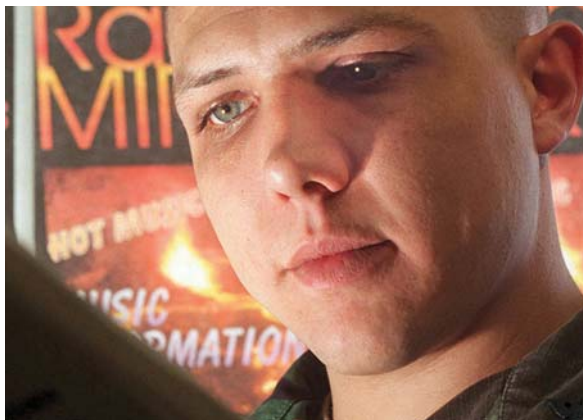
Can I Choose My Own Provider?

Yes! If there is more than one Network Provider in your area, you have the freedom to choose one that is convenient for you. If you are in an area with no Network Providers, you may use any TRICARE-Authorized Provider. Contact the region's toll-free number for assistance — numbers begin on page 51.

How Do I Get Emergency Medical Care?

If you need emergency medical care, go to the nearest military or civilian emergency room or call 911. However, you should contact your PCM, Health Care Finder, or Service Point of Contact (SPOC) (if in the Uniformed Services) as soon as possible after getting emergency treatment or being admitted to a hospital.





How do I Get Care if There Are No TRICARE Network Providers Where I Live?

If there are no TRICARE Network Providers in your area, you may get care from any TRICARE-Authorized Provider. To locate or get a list of TRICARE-Authorized Providers, you can use the online Provider Directory at www.tricare.osd.mil/provider_directory.html or call your regional Health Care Finder — numbers begin on page 51.

How Do My Bills Get Paid?

Specific information on where to file your claims is available by contacting a Beneficiary Counseling and Assistance Coordinator (BCAC). The BCAC phone directory can be found at www.tricare.osd.mil/tricare/beneficiary/BCACDirectory.htm. Or call your regional Beneficiary Information Line — numbers begin on page 51.

What if I Have a Serious Illness That Can Affect My Fitness for Duty Status?

The Uniformed Services (Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, and NOAA) are responsible for making sure all Active Duty Service Members are qualified for worldwide service.

If there is a question about your continued ability to perform your assigned duties or stay on active duty, your Service Point of Contact (SPOC) will refer you to the nearest Military Treatment Facility with the specialty care you require to make a qualified evaluation.

How is This Different from the Regular TRICARE Program?

It's not.

The TRICARE Prime Remote program is TRICARE Prime made available for eligible members stationed at remote postings. The "regular" TRICARE Prime program usually provides health care in Military Treatment Facilities (MTFs) for Active Duty Service Members, while Active Duty Family Members may also be provided care in the TRICARE network. This is difficult for Active Duty Service Members and their families if they are stationed too far away from an MTF.

TRICARE Prime Remote lets you go to health care providers closer to where you live, but at the same cost as you would have if you were enrolled at an MTF.

What if the Physician Wants Payment Up Front?

Some Non-Participating Providers may ask for payment at the time of your visit. If this happens, you may have to pay an out-of-pocket cost, but TRICARE will reimburse you for TRICARE-covered benefits when you submit a claim for payment. Read the section on "Filing Your Own Medical Claims" on page 39.

Health Care Terms You Should Know

Authorized Provider — a licensed provider who has been authorized by TRICARE to provide medical care to Military Health System beneficiaries.

Catchment Area — an area defined by ZIP codes that generally falls within a 40-mile radius of an inpatient Military Treatment Facility (MTF). This is different from the 50-mile radius of the TRICARE Prime Remote (TPR) benefit. To be eligible for TPR, participants must live and work outside a 50-mile radius around or approximately one hour's drive time from an MTF.

Emergency Services — medical services provided for a sudden or unexpected medical or psychiatric condition, or the sudden worsening of a chronic (ongoing) condition that is threatening to life, limb, or sight and needs immediate medical treatment, or which has painful symptoms that need immediate relief to stop suffering.

Health Care Finder (HCF) — a Registered Nurse or designee in the TRICARE Service Center who will help you make an appointment with a provider in the Military Treatment Facility or assist you in getting care with a TRICARE-Authorized Provider. This service is available by telephone 24 hours a day, 365 days a year.

Military Medical Support Office (MMSO) — the Service Point of Contact (SPOC) for Army, Navy, Marine Corps, Air Force, and Coast Guard Active Duty Service Members. Also see the Service Point of Contact definition.

Primary Care Manager (PCM) — an individual, group practice, or clinic that is part of the TRICARE Prime Network and that is also responsible for providing primary health care services and referrals for specialty care.

Point-of-Service (POS) — when you refer yourself for non-emergency specialty or inpatient care, you will have to pay higher costs. To avoid paying this higher cost, call your PCM or HCF for a pre-authorization. The Point-of-Service option does not apply to emergency care. Please review and understand the definition of emergency care above.

Routine Care — general outpatient (sick call) visits to a doctor, including laboratory tests and X-rays as well as preventive diagnostic health care.

Service Point of Contact (SPOC) — a person or Uniformed Services office responsible for coordinating civilian health care for Active Duty DoD, USPHS and NOAA, and Coast Guard members participating in TRICARE Prime Remote.

The SPOC reviews requests for specialty and inpatient care to determine how it might affect the service member's fitness for duty. If the care does affect the service member's fitness for duty, then the SPOC decides if the service member should have that care at a Military Treatment Facility (MTF) or with a civilian provider.

TRICARE Service Center (TSC) — a customer service center for beneficiaries, operated by the regional TRICARE Managed Care Support Contractor. TRICARE Prime Remote members can get information and help at the nearest TSC within their region. Beneficiary Services Representatives and Health Care Finders are located at the TSC to help you find a doctor for specialty care authorizations and to provide claim-processing information.

Urgent Care — urgent care is generally defined as a non-emergency illness or injury for which you need medically necessary treatment. But, it will not result in disability or death if it is not treated immediately. This kind of illness or injury does require professional attention, and should be treated within 24 hours to avoid further complications. Some examples of such illnesses and injuries include flu, earache, urinary tract infection, vomiting and diarrhea, sprained ankle, and minor sports injuries.

TRICARE Regions



Region 1 — Northeast

Includes: northern portion of Virginia, eastern portion of West Virginia, Maryland, Delaware, New Jersey, Pennsylvania, New York, Connecticut, Rhode Island, Massachusetts, New Hampshire, Vermont, and Maine

Phone Numbers

Beneficiary Information Line
1-888-999-5195

Health Care Finder
1-888-333-4522

Claims Questions
1-800-578-1294

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-308-3518 to ask about specific medical conditions or matters.

Claims Filing Address

TRICARE Region 1
Active Duty Claims
PO Box 7011
Camden, SC 29020-7011

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Northeast Lead Agent (Region 1)
<http://tricare-northeast.detrack.army.mil>

Sierra Military Health Services
www.sierramilitary.com

Region 2 — Mid-Atlantic

Includes: southern Virginia and all of North Carolina

Phone Numbers

Beneficiary Information Line
Health Care Finder
Claims Questions
1-800-931-9501

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-931-9501 to ask about specific medical conditions or matters.

Claims Filing Address

TRICARE Regions 2 and 5
Claims
PO Box 7021
Camden, SC 29020-7021

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Mid-Atlantic Lead Agent (Region 2)
www.tma.med.navy.mil

Humana Military Healthcare Services
www.humana-military.com

Regions 3 and 4 — Southeast and Gulf South

Includes: Alabama, eastern Arkansas (near NSA Mid-South, Millington, Tennessee), Florida, Georgia, eastern Louisiana, Mississippi, South Carolina, and Tennessee (except counties in north central Tennessee surrounding Fort Campbell)

Phone Numbers

Beneficiary Information Line

1-800-444-5445

Health Care Finder

1-800-333-4040

Claims Questions

1-800-403-3950

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-333-5331 to ask about specific medical conditions or matters.

TRICARE Prime Remote Information

1-877-249-9179

Claims Filing Address

TRICARE Regions 3 and 4

Claims

PO Box 7031

Camden, SC 29020-7031

Web Sites

TRICARE Prime Remote:

www.tricare.osd.mil/remote

TRICARE Southeast Lead Agent (Region 3)

<http://tricare3.army.mil/indexReg3.htm>

TRICARE Gulf South Lead Agent (Region 4)

<http://region4.tricare.osd.mil>

Humana Military Healthcare Services

www.humana-military.com

Region 5 — Heartland

Includes: Illinois, Indiana, Iowa (only those counties in eastern Iowa surrounding Rock Island Arsenal), Kentucky, Michigan, Ohio, Tennessee (only those counties in north central Tennessee surrounding Fort Campbell), West Virginia, Wisconsin, and the St. Louis area of Missouri (ZIP codes 63000 through 63399)

Phone Numbers

Beneficiary Information Line
Health Care Finder
Claims Questions
1-800-941-4501

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-941-4501 to ask about specific medical conditions or matters.

TRICARE Prime Remote Information
1-800-941-4501

Claims Filing Address

TRICARE Regions 2 and 5
Claims
PO Box 7021
Camden, SC 29020-7021

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Heartland Lead Agent (Region 5)
<http://dodr5www.wpafb.af.mil>

Humana Military Healthcare Services
www.humana-military.com

Region 6 — Southwest

Includes: Arkansas, western Louisiana, Oklahoma, and Texas (except El Paso)

Phone Numbers

Beneficiary Information Line
Health Care Finder
1-800-406-2832 (Option 3)

Claims Questions
1-800-406-2832 (Option 2)

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-611-2875 to ask about specific medical conditions or matters.

Claims Filing Address

WPS/TRICARE
PO Box 8999
Madison, WI 53708-8999

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Southwest Lead Agent (Region 6)
www.tricaresw.af.mil

Health Net Federal Services
www.hnfs.net/index.html

Region 7/8 — Central

Includes: Arizona (except Yuma), Colorado, Idaho (except northern Idaho), Iowa (except counties in eastern Iowa surrounding Rock Island Arsenal), Kansas, Minnesota, Missouri (except St. Louis), Montana, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Texas (El Paso area only), Utah, and Wyoming

Phone Numbers

Beneficiary Information Line
Health Care Finder
1-888-874-9378

Claims Questions
1-877-225-4816 (Option 9)

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-888-887-4111 to ask about specific medical conditions or matters.

TRICARE Prime Remote Information
1-877-554-2224

Claims Filing Address

For Active Duty Members:

PGBA
Attn: TPR/SHCP
PO Box 870019
Surfside Beach, SC 29587-8719

For Active Duty Family Members by State:

Arizona

PGBA
PO Box 870026
Surfside Beach, SC 29587-8726

Colorado

PGBA
PO Box 870027
Surfside Beach, SC 29587-8727

Idaho

PGBA
PO Box 870028
Surfside Beach, SC 29587-8728

Iowa

PGBA
PO Box 870029
Surfside Beach, SC 29587-8729

Kansas

PGBA
PO Box 870030
Surfside Beach, SC 29587-8730

Minnesota

PGBA
CHAMPUS CLAIMS
PO Box 870029
Surfside Beach, SC 29587-8739

Missouri

PGBA
PO Box 870129
Surfside Beach, SC 29587-8730

Montana

PGBA
PO Box 870127
Surfside Beach, SC 29587-8731

Nebraska

PGBA
PO Box 870128
Surfside Beach, SC 29587-8727

Nevada

PGBA
PO Box 870033
Surfside Beach, SC 29587-8733

New Mexico

PGBA
PO Box 870032
Surfside Beach, SC 29587-8732

North Dakota

PGBA
PO Box 870031
Surfside Beach, SC 29587-8731

South Dakota

PGBA
PO Box 870131
Surfside Beach, SC 29587-8731

Texas

PGBA
PO Box 870133
Surfside Beach, SC 29587-8732

Utah

PGBA
PO Box 870132
Surfside Beach, SC 29587-8732

Wyoming

PGBA
PO Box 870126
Surfside Beach, SC 29587-8730

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

Central Region Lead Agent (Regions 7 and 8)
www.tricarecr.carson.army.mil

TriWest Healthcare Alliance
www.triwest.com

Regions 9 and 10 — Southern California and Golden Gate

Includes: California and Yuma, Arizona

Phone Numbers

Beneficiary Information Line
Health Care Finder
1-800-242-6788

Claims Questions
1-800-930-2929

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-611-2883 to ask about specific medical conditions or matters.

Claims Filing Addresses

Active Duty Claims Filing Address:

PGBA/TRICARE
PO Box 870006
Surfside Beach, SC 29587-8706

Active Duty Family Members, Retirees, and Retiree Family Members Claims Filing Address:

PGBA/TRICARE
PO Box 870001
Surfside Beach, SC 29587-8701

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Southern California Lead Agent (Region 9)
www.reg9.med.navy.mil

TRICARE Golden Gate Lead Agent (Region 10)
www.tricareregion10.org

Health Net Federal Services
www.hnfs.net

Region 11 — Northwest (including Alaska)

Includes: Alaska (*See next page*), Oregon, Washington, and Idaho (northern, including Boundary, Bonner, Kootenai, Benewah, Latah and Shoshone counties)

NORTHWEST

Phone Numbers

Beneficiary Information Line
Health Care Finder
Claims Questions
1-800-404-2042

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-750-6946 to ask about specific medical conditions or matters.

Claims Filing Address

WPS/TRICARE-NW
PO Box 8929
Madison, WI 53708-8999

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Northwest Lead Agent (Region 11)
<http://tricarenw.mamc.amedd.army.mil>

Health Net Federal Services
www.healthnetfederalservices.com

ALASKA

Phone Numbers

Beneficiary Information Line
Health Care Finder
1-800-242-6788

Claims Questions

1-800-378-7568

Health Care Information Line (HCIL) - A 24-hour line staffed by Registered Nurses. Call 1-800-822-2878 to ask about specific medical conditions or matters.

Claims Filing Address

Active Duty Claims Filing Address

PGBA/TRICARE
PO Box 870006
Surfside Beach, SC 29587-8706

Active Duty Family Members, Retirees, and Retiree Family Members Claims Filing Address:

PGBA/TRICARE
PO Box 870001
Surfside Beach, SC 29587-8701

Web Sites

TRICARE Prime Remote
www.tricare.osd.mil/remote

TRICARE Northwest Lead Agent (Region 11)
<http://tricarenw.mamc.amedd.army.mil>

Health Net Federal Services
www.hnfs.net

TRICARE Pacific

Includes: Hawaii

Phone Numbers

Beneficiary Information Line

Health Care Finder

Claims Questions

1-800-242-6788

Health Care Information Line (HCIL) — A 24-hour line staffed by Registered Nurses. Call 1-800-242-6788 to ask about specific medical conditions or matters.

Claims Filing Addresses

Active Duty Claims Filing Address:

PGBA/TRICARE

PO Box 870006

Surfside Beach, SC 29587-8706

Active Duty Family Members, Retirees, and Retiree Family Members Claims Filing Address:

PGBA/TRICARE

PO Box 870001

Surfside Beach, SC 29587-8701

Web Sites

TRICARE Prime Remote

www.tricare.osd.mil/remote

TRICARE Pacific Lead Agent

<http://tricare-pac.tamc.amedd.army.mil>

Health Net Federal Services

www.hnfs.net



Notes

TRICARE Prime Remote Checklist

- ☐ Check that your DEERS information is current and correct
- ☐ Get an Enrollment Application form from you local TRICARE Service Center (regional toll-free numbers start on page 51) or download one online at www.tricare.osd.mil/remote/forms.htm
- ☐ Read the section that applies to you:
 - Active Duty Service Member
 - Active Duty Family Member
 - National Guard and Reserve Member
 - National Guard and Reserve Family Member
- ☐ If you are not sure if you qualify:
 - Call your local TRICARE Service Center
 - or**
 - Go to the TRICARE Prime Remote Web site at www.tricare.osd.mil/remote
- ☐ Complete and submit the Enrollment Application form to your local TRICARE Service Center
- ☐ Keep a copy for your records

Important Phone Numbers and Web Sites

TRICARE PRIME REMOTE

www.tricare.osd.mil/remote

PHARMACY PROGRAM

1-877-DOD-MEDS (1-877-363-6337)

www.tricare.osd.mil/pharmacy

MILITARY MEDICAL SUPPORT OFFICE SPOC

1-888-MHS-MMSO (1-888-647-6676)

<http://navymedicine.med.navy.mil/mmso>

USPHS and NOAA SPOC

1-800-368-2777 Option 2

COAST GUARD SPOC

1-800-9HBA-HBA (1-800-942-2422)

PROVIDER DIRECTORY

www.tricare.osd.mil/provider_directory.html

TRICARE DENTAL PROGRAM

1-800-866-8499

www.ucci.com

DEERS (Defense Enrollment Eligibility Reporting System)

1-800-538-9552 (in California: 1-800-334-4162)

www.tricare.osd.mil/deersaddress

NMOP (National Mail Order Pharmacy)

1-800-903-4680

www.tricare.osd.mil/pharmacy/nmop.cfm

